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>>From Phoenix Health Systems--HIPAA Knowledge--HIPAA Solutions<<
=>Healthcare IT Consulting & Outsourcing<=

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This week's HIPAAnote...

*** Verifying a Treatment Relationship over the Phone ***

Physicians regularly send their patients to outpatient laboratories for tests. Formal reports on the results of the labwork are then sent back to the physician as part of normal business practice. Most often, before receiving the formal report, the physician calls the lab to receive a verbal report of the findings. What happens if the physician who ordered the tests is on vacation or is otherwise unable to retrieve the results of the test? The answer on the provider side is simple: have a colleague to call the lab for the test results. However, a not so simple scenario results for the laboratory workers who must respond to the inquiries about the results of the lab tests. Numerous questions are likely to arise:

- * Is it necessary to verify that a different physician now has a treatment relationship with the patient before releasing the results?
- * How does the lab technician really know he is speaking with the appropriate provider or representative?
- * What if an attending physician orders a test but the patient's surgeon calls a week later asking for the results?
- * Will organizations need to require a patient to sign an authorization before releasing results?

These are all typical scenarios and are understandably a cause for concern among providers who operate outpatient or community laboratories. Although telephone verification is not specifically addressed in the regulations, HIPAA does not distinguish these situations as being different from any other treatment situation, so no authorization is required from the patient. How is your organization going to handle these situations?

When verifying a physician's identity by phone, it is the practice of many HIM professionals to ask for a telephone number from the requestor and call him/her back with the requested results. Generally, the identity of the provider (for example, the physician or nurse, office secretary, etc.) will be displayed on your phone console when the call is made. Or you could check phone listings to verify that you are truly contacting the appropriate provider.

You might also ask for a specific piece of information about the patient that only a physician or nurse would know, i.e. the specific tests and the dates that they were ordered, diagnosis information, etc.

Since HIPAA does not specify any requirements or sanctions tied to this scenario, it will be up to your organization to define the best practice that can both identify the requestor and facilitate patient care. All persons responsible for release of information should then be educated on your organization's practice so that they are releasing information in a consistent manner.

Amanda Dorsey, Director
Phoenix Health Systems

That's today's HIPAAnote...now, pass it along!

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HIPAAnotes are published weekly as a learning tool to help you and your associates stay tuned-in to HIPAA and its implications. Forward it to anyone with a "need to know" through your own internal mailing list, intranet or newsletter -- whatever works for you...

Our HIPAAcratic oath: We'll use your ideas for HIPAAnotes -- send them! Randa Upham, Editor
D'Arcy Gue, Executive Editor info@phoenixhealth.com

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